



DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
REGION IX

02 APR 5 PM 3:23

75 Hawthorne Street
Suite 408
San Francisco, CA 94105

APR 2 2002

Phyllis Biedess, Director
Arizona Health Care Cost Containment System
801 E. Jefferson
Phoenix, AZ 85034

Dear Ms. Biedess:

Enclosed is an approved copy of Arizona State plan amendment (SPA) 02-001, regarding the method for calculating utility expenses when determining excess shelter allowances. I am approving this SPA with the requested effective date of January 1, 2002.

If you have any questions, please have your staff contact Ronald Reepen at (415) 744-3601.

Sincerely,

Susan Cantilero
for Linda Minamoto
Associate Regional Administrator
Division of Medicaid

Enclosure

cc:
Joan Peterson, CMS, CMSO, FCHPG
Elliot Weisman, CMS, CMSO, PCPG (two copies)

xc: PB/Bn/TB
Lynn D.
Original-cherit.
copy file

State: ARIZONA

Citation	Condition or Requirement
	<p>In determining any excess shelter allowance, utility expenses are calculated using:</p> <p><u> X </u> the standard utility allowance under §5(e) of the Food Stamp Act of 1977; or</p> <p><u> </u> the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges.</p> <p>b. The monthly income allowance for other dependent family members living with the community spouse is:</p> <p><u> X </u> one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924 (d)(3)(B)) exceeds the dependent family member's monthly income.</p> <p><u> </u> a greater amount calculated as follows:</p> <p>The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under §1924 (d)(1):</p> <p>c. Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party:</p> <p>(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.</p> <p>(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to <u>ATTACHMENT 2.6-A</u>).</p>